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|--|---|-----------------------------------|--|---|-----------------------------------|-------|
| <b>SCC eFile</b>   | <b>2014 ANNUAL REPORT</b><br><b>COMMONWEALTH OF VIRGINIA</b><br><b>STATE CORPORATION COMMISSION</b> | <b>214541626</b>                  |  |   |                                   |       |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:<br/> <b>ALDO U.S. INC.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br/> <b>CT CORPORATION SYSTEM</b><br/> <b>4701 COX ROAD, SUITE 285</b><br/> <b>GLEN ALLEN, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br/> <b>HENRICO COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:<br/> <b>DE</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>10/31/2014</b></p> <p>SCC ID NO: <b>F1356874</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMV</td> <td>1,000</td> </tr> </table> </div> </div> |   |                                   | CLASS  | AUTHORIZED                                  | COMV                              | 1,000 |
| CLASS  | AUTHORIZED  |                                   |  |   |                                   |       |
| COMV   | 1,000   |                                   |  |   |                                   |       |
| <p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 2300 EMILE BELANGER<br/>Quebec H4R3J4</p> <p style="text-align: center;">CITY/ST/ZIP: ST-LAURENT, Canada</p>  |   |                                   |  |   |                                   |       |
| <p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>  |   |                                   |  |   |                                   |       |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: NORMAN JASKOLKA<br/> TITLE: PRESIDENT A/INT<br/> ADDRESS: 2300 EMILE BELANGER<br/> CITY/ST/ZIP/CO: , , FN </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>  |   |                                   | NAME: NORMAN JASKOLKA<br>TITLE: PRESIDENT A/INT<br>ADDRESS: 2300 EMILE BELANGER<br>CITY/ST/ZIP/CO: , , FN    | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |       |
| NAME: NORMAN JASKOLKA<br>TITLE: PRESIDENT A/INT<br>ADDRESS: 2300 EMILE BELANGER<br>CITY/ST/ZIP/CO: , , FN  | <input checked="" type="checkbox"/> OFFICER   | <input type="checkbox"/> DIRECTOR |  |   |                                   |       |
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| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MARIE-ANDREE BOUTIN<br/> TITLE: VICE PRESIDENT<br/> ADDRESS: 2300 EMILE-BELANGER<br/> CITY/ST/ZIP/CO: , , FN </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>   |   |                                   | NAME: MARIE-ANDREE BOUTIN<br>TITLE: VICE PRESIDENT<br>ADDRESS: 2300 EMILE-BELANGER<br>CITY/ST/ZIP/CO: , , FN | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |       |
| NAME: MARIE-ANDREE BOUTIN<br>TITLE: VICE PRESIDENT<br>ADDRESS: 2300 EMILE-BELANGER<br>CITY/ST/ZIP/CO: , , FN   | <input checked="" type="checkbox"/> OFFICER   | <input type="checkbox"/> DIRECTOR |  |   |                                   |       |
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| NAME: JEAN-PIERRE GENEUX<br>TITLE: VICE PRESIDENT<br>ADDRESS: 2300 EMILE-BELANGER<br>CITY/ST/ZIP/CO: , , FN  | <input checked="" type="checkbox"/> OFFICER   | <input type="checkbox"/> DIRECTOR |  |   |                                   |       |
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| NAME: FRANCOIS JOBIN<br>TITLE: VICE PRESIDENT<br>ADDRESS: 2300 EMILE-BELANGER<br>CITY/ST/ZIP/CO: , , FN  | <input checked="" type="checkbox"/> OFFICER   | <input type="checkbox"/> DIRECTOR |  |   |                                   |       |

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|--|--|---|--|
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:   | ROBERT RAVEN<br>VP FIN/T/ASST S<br>2300 EMILE-BELANGER<br>, , FN                   | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:   | ALDO BENSADOUN<br>EXEC. CHAIRMAN<br>2300 EMILE-BELANGER<br>, , FN                  | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:   | REJEAN DIONNE<br>CEO<br>2300 EMILE BELANGER<br>, , FN                              | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:   | PETER MENDELL<br>SECRETARY<br>1501, AVENUE MCGILL COLLEGE, 26E ETAGE<br>, , FN     | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:   | ISABELLE POIRIER<br>ASST SECRETARY<br>2300 EMILE-BELANGER<br>, , FN                | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:   | ALDO BENSADOUN<br>DIRECTOR<br>2300 EMILE-BELANGER<br>, , FN                        | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:   | MARC A. BERGER<br>DIRECTOR<br>625 MADISON AVENUE<br>NEW YORT, NY 10022             | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:   | STEVEN LEVIN<br>DIRECTOR<br>625 MADISON AVENUE<br>12TH FLOOR<br>NEW YORK, NY 10022 | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.  |  |   |  |
| /s/ ROBERT RAVEN<br>SIGNATURE OF DIRECTOR/OFFICER<br>LISTED IN THIS REPORT   | ROBERT RAVEN, VP FIN/T/ASST S<br>PRINTED NAME AND CORPORATE<br>TITLE               | 9/2/2014<br>DATE                            |  |
| It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing. |  |   |  |